FEC FORM 1

STATEMENT OF **ORGANIZATION**

(See instructions)

SECRETARY OF THE SENATE 11 APR -6 PM 2: 47

1.	NAME OF COMMITTEE (in full)	Ţ	(Check if name is changed)		mple: If typying, type the lines	12FE4M5	
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Ь						11111	
ADI	DRESS (number and street)	765	ASPEN AVE	- 			
	(Check if address is changed)	BIS	WARCK			ND	58503 -
				CITY		STATE	ZIP CODE 🛦
COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)							
1	(Check if address is changed)	Sco	tt@FECreports.co	om L		<u> </u>	
				1.1.			
co	MMITTEE'S WEB PAGE ADI	ORESS (L	JRL)				
i - · · · · · · · · · · · · · · · · · ·	(Check if address is changed)	لبنا					
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2. DATE MOM / DOD / Y 2 0 1 1 Y 3. FEC IDENTIFICATION NUMBER C							
4.	IS THIS STATEMENT	! NE\	V (N) OR		AMENDED (A)		
I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete Type or Print Name of Treasurer BLOTT B MACKENZIE							
172	O I THIN Name of Treasurer	. 1					
Signature of Treasurer Plectronically Filed by 6COTT B MACKENZIE Date Date							
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS							
	Office Use Only	A474-1			For further information of Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 02/2009)